

Review Article

Verbal Exhibitionism: A Brief Synopsis of Telephone Scatologia

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ABSTRACT

The present paper focuses on an interesting type of sexual paraphilia, which is a telephone scatologia. Telephone scatologia (TS) is a psychosexual disorder that involves making sexually explicit obscene telephone calls to unaware strangers, through which the caller receives sexual arousal by delivering sexual or foul language to strangers. It is only one of form of audio scatologia (akophilia). The review which summarizes the collection of various etiological theories, characteristics and classification of the scatalogist over the past years up to the present time and also discusses the management in the form of psychotherapy and pharmacotherapy. It also throws light on the relevant law and penalties. Clinical assessment of various comorbid psychiatric male adolescent sexual offenders at our out-patient and emergency department who had committed verbal sexual exhibitionism showed that majority were maladjusted and suffered from some form of psychopathology

Key Words: Telephone Scatologia, aural assault, verbal exhibitionism.

(Paper received – 9th May 2017, Peer review completed – 1st June 2017, Accepted – 6th June 2017)

INTRODUCTION

Telephone scatology is a psychosexual disorder characterized by a recurrent, intense urge or fantasy to make obscene telephone calls to derive sexual arousal and gratification. It is also called telephone scatophilia, acoustic voyeurism, verbal exhibitionism, verbal sexual abuse, obscene phone calls and telephonicophilia. It is a paraphilic condition in which sexual-erotic arousal and gratification are dependent upon talking about sexual or obscene matters over the telephone to an unknown listener. The term scatology is derived from a greek word ‘skato’, for “dung” and logos for “speech”, telephone scatology thus literally means “dirty talking through the phone”. Telephone scatology is a type of paraphilia categorized as ‘Other Specified Paraphilic Disorder’ in DSM-5 [1]. This group includes telephone scatology (obscene phone calls), necrophilia (corpses), zoophilia (animals), coprophilia (feces), klismaphilia (enema), urophilia (urine) and other paraphilic conditions which do not meet the diagnostic criteria for one of the specific categories and are less frequent [2-4]. Arousal and orgasm occur due to ideation of fantasy and completion of behavioral fulfillment. Sexual arousal may be obtained from smell, touch, taste, sight, hearing senses and combination of these senses, also masturbation may be used as a satisfaction method [5]. Sexually stimulating fantasies, sexual urges and behaviors are present at least for a six month period and this leads to clinically significant distress and interpersonal problems [6-7]. These diagnostic criteria help to distinguish telephone scatology from phone calls as a joke. Telephone scatology and telephone sex addiction are both disorders associated with telephone use. Of the scatology, 95% is accompanied by masturbation, and 45% is accompanied by telephone sex addiction [8-9].

Telephone scatalogists often masturbate during talking or dreaming the telephone speech, and this is usually completed after the connection is over [10]. There is a belief suggesting that telephone scatalogia is a non visual type of exhibitionism. An attempt to scare, shock and disgust the victim is present in both pathologies [11]. Exhibitionism and voyeurism are potentially dangerous acts in terms of dangerous rapprochement. On the other hand, telephone scatalogia is a long distance communication in which the abuser thinks that he can make a woman be aroused from a safe distance. Making obscene telephone calls for sexual pleasure is known as telephone scatalogia and is considered a form of verbal exhibitionism [12].

CHARACTERISTICS OF TELEPHONE SCATOLOGISTS

The caller may be a brain damaged or person with intellectual disability. He may be a juvenile, teenager or a married father; someone with manic depression or schizophrenia; he may be intoxicated with alcohol or drugs; or an anxious, shy, lonely man afraid of rejection and unable to make a close personal relationship. The callers are mostly attention seekers [13]. In some studies with paraphilic patients, organic abnormalities were reported. Organic abnormalities reported were abnormal hormone levels in 74%, neurological or soft neurological signs in 27%, chromosomal abnormalities in 24%, epilepsy in 9%, dyslexia in 9%, abnormal EEG findings in 4%, major mental disorders in 4%, and intelligence problems in 4% [10].

PREVALENCE OF TELEPHONE SCATOLOGIA

The prevalence rate of telephone scatophilia is unknown. Most research relies on case studies or surveys of paraphiliacs. One Canadian study reported that 6% of male students and 14% of paid male volunteers admitted to having made obscene phone calls. Even with modern technology, it is not always simple to locate the perpetrator of such calls because such callers are not willing patients [14]. The information, therefore of the obscene phone caller is insufficient.

THEORIES OF TELEPHONE SCATOLOGIA

There are a number of theories as to how telephone scatophilia develops. Kurt Freund, the late Czech-Canadian sexologist wrote numerous papers claiming that behaviors such as telephone scatophilia are caused by "courtship disorders". According to Freund, normal courtship comprises four phases: (i) location of a partner, (ii) pre-tactile interactions, (iii) tactile interactions, and (iv) genital union. Freund also proposed that obscene telephone calling is a disturbance of the second phase of the courtship disorder. Similarly, Professor John Money proposed the "love map" theory suggesting that paraphiliac behavior occurs when an abnormal love map develops which interferes with the ability to participate in loving sexual intercourse. In this model, telephone scatalogia is classified as an allurement paraphilia involving the preparatory or courtship phase prior to genital intercourse. Although these models describe many cases of telephone scatophilia, there is some empirical evidence that some obscene telephone callers have normal courtship behavior [15].

Two studies on the topic of telephone scatalogia were discussed in the book- *Sexual Deviance: Theory, Assessment, and Treatment*. They both dealt with college undergraduate students. The first was conducted in 1967 and found that twenty-six percent of college females reported receiving obscene telephone calls. When the same study was redone in 1968 to include males it found that twenty-eight percent of females and eleven percent of males reported receiving these calls. The book notes, "However, these data do not reflect prevalence rates for telephone scatalogia, because no information is available on how many calls one individual might make or how many of the callers would meet the criteria for paraphilia NOS" [16].

CLASSIFICATION OF TELEPHONE SCATOLOGISTS

In 1975, Mead developed an initial typology of obscene callers comprising three types [17] :

1. **Type 1:** These comprise telephone callers who immediately swear and/or make obscene propositions, and are typically adolescents.
2. **Type 2:** These comprise telephone callers described as “ingratiating seducers” that use a more approach (saying they have mutual friends) before becoming more offensive.
3. **Type 3:** These comprise telephone callers described as “tricksters” that use a ruse (e.g., pretending they are conducting a survey) in order to discuss personal matters. This eventually leads to obscene and sexual suggestions.

Ord Matek [18] claims there is a fourth type of obscene telephone caller. These are men who ring telephone crisis lines in order to request help from female volunteers, talks about sexual material, and masturbates while talking to the female on the other end of the telephone. He also reported the most common features of obscene telephone callers were low self-esteem and anger toward women. Other associations reported were brain damage, intellectual disability, intoxication and psychosis.

According to Bullough it is of three types [19] –

1. **The commonest caller** is a seducer and is in masturbatory action e.g., may breath heavily or describes sexual activities.
2. **He is a shock caller**, he enjoys panic of victim. According to Mead, he keeps calling if this reaction continues.
3. **He is a trickster.** He sounds friendly, gains trust by saying that he is a gynecologist conducting a survey, asks and coaxes the victim to touch the genitalia by removing clothes and reveal some information. Alternatively the caller may present himself as a policeman or representative of a manufacturer of feminine products (vaginal douche, menstrual pads, etc.)

According to Master and colleagues, it is of four types [20] –

1. The one who boasts significantly about his genitalia and then describes in detail his masturbatory behavior.
2. Explicitly threatens the victim in some way but he almost never follows through with his threats.
3. Kind of voyeur- who tricks the victim into revealing some personal information about herself, mostly of a sexual nature.
4. Who calls phone crisis centres and while talking to the female crisis like volunteer on the phone is constantly masturbating. He is only interested in her voice, not in her advice.

BEHAVIOR OF THE SCATOLOGIST WHILE CALLING

The behavior patterns of the callers changes greatly. Sometimes they masturbate during the telephone encounter. Others, stimulated by the telephone experience may masturbate afterwards. Some obscene phone callers do not speak. Instead, they emit sounds of sexual pleasure into the phone, or breathe heavily. Others reveal their masturbatory activity to the victim. Sometimes it is clear to the victim that the man on the phone may be intoxicated because of slurred speech, mild incoherence etc. Other callers are simply crude and utter profanities and obscenities. Some callers bluntly ask for sex. Making an obscene call is a criminal sex offense just as is public display of the genitals (exhibitionism). In fact, scatologia is considered verbal exhibitionism. Explicit sexual conversation with an unwilling listener is illegal—it is an act of public indecency that can result in arrest, a fine, or a jail sentence in the United States.

VICTIMS OF CALLER

The caller targets are likely to be women who are least able to defend themselves or who have one of the following attributes; low education, low income, young age, or minority status. Nadler proposes that anger

towards women spurs most offenders to make obscene calls [21]. Pedophilic telephone scatalogists are the offenders who target children. The victimized children suffer serious consequences. The caller enjoys frightened response of the victim if the latter doesn't show, he may not call again. Female voice simulation is quite common among telephone scatalogists. Females constitute the majority of victims of telephone scatologia and 74% of these victims do not know and cannot identify callers.

WHAT TO DO WHEN A CALL IS RECEIVED

- Most often the caller is looking for a reaction to the call. Do not react to it.
- Don't ask questions of the caller (i.e., who is this?) as this is what they would like you to do.
- Hang up the receiver promptly and gently. Any other response may provide the caller with a sense of accomplishment since they may wish to either frighten or anger you.
- Never blow a whistle or yell into the phone. The caller will know that you are angry and may call back.
- If you begin receiving calls on a regular basis, make a log of the dates, times and content of the calls.

LAWS AGAINST TELEPHONE SCATOLOGIA

In India- under section 507 of an anonymous communication and section 506 of punishment of criminal intimidation, whoever commit the offence of an anonymous communication and make sexual remark on phone, as consequences, he shall be punished with imprisonment of four years.

In Australia- under Section 189 unlawful stalking, telephoning, sending electronic messages or contacting the victim with intention of physical and mental harm or arousing apprehension or fear in the victim for his own safety, is a crime and carries punishment of 5 years.

In United kingdom- Section 43(1)a of the telecommunications act 2003 states that, a person is guilty of an offence if he uses abusive language and does an improper use of public electronic communications network. Under section [1] b, any harassing communication which is likely to harass or cause alarm is class C misdemeanor and the person who does it, is considered to commit a crime.

In Saudi Arabia & other Arab countries- Saudi Arabia is an Islamic country. Most of the rules implemented in Saudi Arabia are based upon Islamic Sharia guidelines. Telephone scatologia (telling obscene words) to women is verbal sexually bullying and harassment included in anti-harassment law. The proposed law would have punished harassers with sentences of up to five year in prison and fines of SR 5,00,000. The law stated that "any uncalled statement, act, position or signal that the suspected perpetrators use to sexually provoke or humiliate the other party is considered harassment." According to lawyer and legal counselor all crimes have punishments explaining that all harassment crimes had received court sentences depending on the judge's assessment on the situation of each case.

MANAGEMENT OF TELEPHONE SCATOLOGIA

Unfortunately, many paraphilic individuals are poorly motivated to undergo treatment. Treatment can be broadly grouped into psychological and pharmacological (medications) approaches. As in other psychiatric disorders, a combination of the two is usually more effective than either alone.

The goal of psychotherapy is to lead the patient to a healthy remorse.

- **Cognitive-behavioral therapy:** This therapy applies behavioral therapy techniques to modify the patient's sexual deviations by altering distorted thinking patterns and making patients cognizant of the irrational justifications that lead to their sexual variations. This therapy also incorporates relapse prevention techniques, helping the patient to control the undesirable behaviors by avoiding situations that may generate initial desires.
- **Orgasmic reconditioning:** In this approach, a patient is reconditioned to a more appropriate stimulus by masturbating to his or her typical less socially acceptable stimulus. Then, just before

orgasm, the patient is told to concentrate on a more acceptable fantasy. This is repeated at earlier times before orgasm until, soon, the patient begins his masturbation fantasies with an appropriate stimulus.

- **Social skills training:** Because many believe that paraphilic disorders develop in patients who lack the ability to develop relationships, many therapists and physicians use social skills training to treat patients with these types of disorders. They may work on such issues as developing intimacy, carrying on conversations with others, and assertive skills training. Many social skills training groups also teach basic sex education.
- **Group therapy:** This mode of therapy involves breaking through the denial so commonly found in people with paraphilic disorders by surrounding them with other patients who interact with each other and share their illness. This may overcome the shame factor in such patients.

Pharmacotherapy: The goals of pharmacotherapy are to reduce morbidity and prevent complications. This treatment is also used in other paraphilic disorders and paraphilia-related disorders.

- **Serotonergic antidepressants:** Anxious and depressive symptoms and disorders have been identified in such cases as in the other paraphilic sex offenders. Of the serotonergic agents reported, fluoxetine has received the most attention. Antidepressant pharmacotherapy may diminish the vulnerability to "negative affective states"
- **Anti-androgens:** Testosterone, the principal androgen (sex hormone) produced by the testes, is considered the most important androgen affecting male sexual behavior. The role of testosterone is as a primary etiological factor in physical and sexual aggression in men. The effect of antiandrogens thus is on sexual desire, associated fantasies, erections and urges. The antiandrogens, cyproterone acetate (CPA) and medroxyprogesterone acetate (MPA) are the most commonly prescribed agents for the control of repetitive deviant sexual behaviors. MPA, an analogue of progesterone, lowers serum testosterone. CPA inhibits testosterone directly at androgen receptor sites and also exhibits antigonadotropic effects [22].

CONCLUSIONS

Telephone scatology is a long distance communication in which the abuser thinks that he can make a woman be aroused from a safe distance. People suffering from this paraphilia are usually males and their victims tend to be young vulnerable women. Sexual arousal by expressing a girl or woman his sexual thoughts is his goal. When the caller becomes aroused, he masturbates, and attains orgasm. The recipient's reaction of surprise, fear, upset, and anger may provide the caller with a sense of power and masculinity. Treatment of such cases is a combination of the psychological and pharmacological approaches which are usually more effective than either alone. The recipients of obscene phone calls must report to the police immediately.

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Acknowledgements – Nil

Source of Funding – Nil

Conflict of Interest – Nil